



**PLEASANTON POLICE DEPARTMENT
TEEN ACADEMY PROGRAM
RELEASE OF LIABILITY**



In consideration for participation in the City of Pleasanton's Teen Academy Program, I hereby agree to hold harmless and release the City of Pleasanton (including its city council, officers, and employees) from any and all liability, claims, losses, costs, damages, injuries to person or property (including death), and expenses (including attorneys' fees) that may occur as a result of my participation in the Police Department's Teen Academy program. This Release of Liability shall similarly bar my heirs, executors, administrators, or assigns from making any claims for damages or demands related to my participation in the Teen Academy Program.

I acknowledge that the Teen Academy Program provides training and activities that include a certain amount of risk; I voluntarily assume that risk when signing this Release of Liability. I acknowledge that the Teen Academy Program will involve training, activities, and risks that include but are not limited to:

Ride-a-longs with officers in the field and on patrol; travel to and from field trips, and off site locations; contact with the public, firearms handling, and SWAT scenarios; Police dog or K-9 training scenarios; physical fitness exercises.

I attest that I am physically fit and that I have sufficient knowledge about the dangers of police training exercises and my participation in the Teen Academy program. I understand that persons involved in Teen Academy Programs may be subject to personal injuries, such as, but not limited to, dog bites, broken bones, lacerations, eye and ear injuries, and personal property damages as a consequence thereof. Knowing these risks, I hereby agree to assume those risks and to release and hold harmless the City of Pleasanton, its City Council, officers, and employees, who through negligence or carelessness might otherwise be liable to me, my heirs, administrator, or assigns for damages.

MY PARTICIPATION IN THE TEEN ACADEMY PROGRAM IS VOLUNTARY. I AGREE TO PARTICIPATE IN THE PROGRAM AT MY OWN RISK. Initial_____

I AGREE TO ACCEPT AND ABIDE BY THE RULES AND ORDERS GIVEN BY THE PLEASANTON POLICE PERSONNEL. Initial_____

I HAVE READ AND UNDERSTAND EVERYTHING WRITTEN ABOVE AND BY MY SIGNATURE ACKNOWLEDGES THIS UNDERSTANDING.

Participants Signature

Date

I ATTEST I AM 18 YEARS OF AGE OR OLDER. IF NOT, MY PARENT HAS SIGNED BELOW. D.O.B._____ Initial_____

Parent Signature

Date